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U.S. P.

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Address to: Box PATENT APPLICATION				Attorney Doo	ket No.	NIEN3034/EM				
Commissioner of Patents				First Named (or identifier)		Ming NIEN				
P.O. Box 1450 Alexandria, VA 22313-1450			Total Pages		37					
Transmitted herewith is a patent application under 37 CFR 1.53(b).										
Entitled:	T		l For Window Bli							
⊠ 1.	Submitted herewith are the following:									
	10 pages of specification, including claims and Abstract. 3 sheets of FORMAL drawings (Figs. 1-9). 12 claims. 1 Oath/Declaration signed by each inventor. 1 Application Data Sheet. 1 Assignment of the invention to Nien Made Enterprise Co., Ltd., Taichung, Taiwan 408, R.O.C., Cover Sheet, and payment of the \$40 recordal fee. 1 certified copy of Taiwan application no. 092220137. Priority is claimed. 1 check in the amount of \$810 (\$770-Filing Fee; \$40-Assignment Recordation Fee).									
□ 2.	SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.									
⊠ 3.	The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.									
□ 4.	Insert before the first sentence of the specification: This application claims the benefit of provisional application number filed									
□ 5.	Insert befo	Insert before the first sentence of the specification: This application is a Continuation-in-part of nonprovisional application number filed								
□ 6.	Other:									
The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; and Benjamin E. Urcia, Reg. No. 33,805.										
THE FILING FEE IS CALCULATED AS FO				LLOWS:		Basic Fee:	\$770.00			
Total Claims:		12	- 20 =		0	X \$18 =	\$0.00			
Indepe	ndent Claims:	1	- 3 =	-	0	X \$86 =	\$0.00			
Correspondence Address: BACON & THOMAS, PLLC 625 Slaters Lane, 4 th Floor Alexandria, VA 22314-1176			23364		Multiple Depe	Multiple Dependent Claim (add \$290.00):				
			CUSTOMER NUM			Subtotal:				
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Phone: 703-683-0500 Fax: 7				3-683-1080 Total:			\$770.00			
Date: Na			Name:		S	Signature: F				
April 20, 2004			Richard E. Fichter		Dillo	Diele 15 Filt				